A 68-year-old man with hepatocellular carcinoma underwent technetium-99m macroaggregated albumin angiography before yttrium-90 implantation. Using the “snuffbox” technique, the distal radial artery was accessed under ultrasound (US) guidance over the trapezium (Fig 1). Adequate collateral circulation was confirmed with a Barbeau type A waveform. The access artery measured 2.1 mm in caliber, and a 5-F Glidesheath Slender (Terumo, Tokyo, Japan) was inserted via modified Seldinger technique (Figs 1–3). Hemostasis was achieved with the use of a Safeguard pressure-assisted device (Merit Medical, South Jordan, Utah; Fig 4). The snuffbox radial artery access represents an alternative transradial access site that allows radial sheath insertion with the patient’s hand pronoated. Besides being useful in patients with flexion contractures, it is also advantageous because it allows positioning of the left hand across the patient’s lower abdomen in a neutral position during transradial intervention, allowing patient positioning as for a routine right groin puncture.

Figure 1. Access needle inserted under US guidance with a guide wire inserted. (Inset) US of the access site in the distal radial artery in the anatomic snuffbox over the trapezium.

Figure 2. 5-F Glidesheath Slender in the anatomic snuffbox inserted via modified Seldinger technique.

Figure 3. Fluoroscopic image of the sheath in situ. Note the insertion site over the trapezium bone, which allows for manual compression in the event of incomplete hemostasis.

Figure 4. Hemostatic band applied after sheath removal. Note the pronounced hand in neutral position over the patient’s lower abdomen, which allows for patient positioning similar to that for a routine right groin access.

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Neither of the authors has identified a conflict of interest.